

lifts the trochanter forward, and places the smallest sand bag behind the trochanter.

This feature of the dressing is the new feature in comparison with the rest of the dressing. The lack of the sand bag behind the trochanter was the one weak spot in this dressing during all the years it was in use. About fifteen years ago I began using the small sand bag behind the trochanter. It gives ideal results. After placing the small sand bag behind the trochanter, the longest sand bag is placed beside the patient's hip from the waist down to below the foot. The next largest sand bag is placed on the inner side of the thigh and leg. (I omitted to mention that the thigh and the leg are laid on a pillow placed lengthwise from just above the heel to above the knee, so as to prevent pressure of the heel on the mattress. This pillow is brought up around the knee and leg, and the sand bag is placed outside of it. Then two small sand bags are placed one on either side of the knee, the middle of each sand bag being just about opposite the patella. The upper end of the large sand bag is fastened to the pelvis by means of a binder going around the patient's hips, and around the end of the sand bag. Pads are put in over the bony prominences wherever needed. Then the two large sand bags are tied by means of a strip of bandage around the upper third of the thigh, another strip just above the knee, a third just below the knee, and a fourth a few inches above the ankle.)

The patient's body can be raised and lowered without interfering a particle with the fracture. The patient can be placed in almost a half-sitting posture, thus giving relief to the pulmonary circulation. That is vastly more comfortable than any other dressing, fulfills every requirement, and is the safest dressing in use today.

Necessity for operation very rarely occurs in fracture of the neck of the femur.

Flood Building.

#### Significant Extracts From Letters

"We were looking forward to a new baby due to be born in February. My wife died last August. We are still receiving letters from two sources full of optimism and advice about baby clothes and other matters. What can I do to stop these grief-renewing epistles?"

"Dear Better Health Editor—What can a grief-stricken mother do to stop monthly letters of advice about what to do for my baby, originally expected this month, but which I lost two months ago?"

"Dear Better Health—I am expecting my baby in March. The lady specialist at the — Health Center has been telling me what to do and what to eat. One day, not very long ago, I felt very badly and the health center was not open. I went to see Doctor —, who told me my urine was very bad and my blood pressure 185. He said I needed better care than I had been having. Whom shall I believe?"

**The Written Word Is the Doctor's Permanent Background**—"Whatever work we may do, either clinical or investigative, it will do little general good and will lose much or almost all of its effect unless the noteworthy part of it is promptly and well reported in the medical press, which itself indeed cannot grow and prosper unless the profession gives it the material by which it can live and grow.—Charles L. Minor, M. D. (Southern Medical Journal).

## EDITORIALS

### LEGISLATION AND HEALTH

The California legislature now in session has before it some 2000 bills, of which more than 10 per cent are about health. Some of these laws are constructive, others are of indifferent value, and too many are destructive and some even vicious in their bearing upon health and welfare. The League for the Conservation of Public Health has examined these laws from the standpoint of their health value and has prepared a digest of some 100 of the more important of them.

This review is based upon the laws as first printed, bearing in mind that most of them will be more or less amended before they came to a vote. The review is published in full in the March issue (February 20) of *BETTER HEALTH*, and several of the more important laws are discussed editorially in the same issue. *BETTER HEALTH* of the April and May issues will continue the comment upon the doings of the legislature, and in the issues following the adjournment of the legislature will analyze the health laws that come out of the "hopper."

Readers of *CALIFORNIA AND WESTERN MEDICINE* who are interested in legislative matters are invited to send comments and suggestions to the League office. Copies of telegrams, letters, and personal advice given to members of the legislature will also be of assistance in legislative publicity.

### OLD AGE AT ITS BEST

The widely known and much-beloved physician, Doctor W. W. Keen, passed his eighty-eighth milestone on January 19. "Young men shall dream dreams and old men shall see visions," says the Holy Word. Doctor Keen is not only seeing visions, but he is interpreting them in language that travels round the world. We catch a glimpse of a vision in his "The Ministry of the Biological Sciences" published recently, the opening and closing paragraphs of which read:

"The more the religious man, and especially the clergyman, knows of science, the broader becomes his vision. Through study of the heavens above by the telescope and the spectroscope; and of the earth beneath by geology, chemistry, physics, etc.; and of the inhabitants thereof by anthropology, archeology, biology and other sciences, the wider becomes his horizon. These sciences deal with the works of God and, rightly interpreted, they must agree with the message of God in the Bible (also rightly interpreted), for both have a common origin—Almighty God. Any clashing of these views must depend on partial knowledge, i. e., on our ignorance of much as yet undiscovered, either in the Bible or in Nature, or on a misinterpretation of either. That we have learned so much is a happy augury for future wider and profounder knowledge.

"Revealed religion links itself with biology, and proclaims the blissful certainty of the Immortal Life through the incarnation and the atoning death of our

Lord Jesus Christ, our Blessed Saviour, the divine Son of the ever-living God."

We get another glance of one of the visions of this great Christian physician in his article on "Freeing Mankind From Disease" (Collier's, November 8, 1924), in which after a concise summing up of what has been accomplished in health progress, he says:

"And we are advancing toward even more wonderful things. When it will come no man knows; but of one thing I am certain: the day is sure to dawn, when, after thousands of years of bondage, mankind will be emancipated from cancer and many other diseases."

### THE FIFTY-FIFTY BUBBLE

President Coolidge has effectively exploded what is known in Congress as the fifty-fifty appropriations bubble. This "movement," now costing in excess of \$100,000,000 a year, was just getting started. "I am convinced," says our President, "that the broadening of this field of activity is detrimental both to federal and state governments. Efficiency of federal operations is impaired as their scope is unduly enlarged. Efficiency of state governments is impaired as they relinquish and turn over to the federal government responsibilities which are rightfully theirs. I am opposed to any expansion of these subsidies. MY CONVICTION IS THAT THEY CAN BE CURTAILED WITH BENEFIT TO BOTH THE FEDERAL AND STATE GOVERNMENTS."

Under this pernicious scheme congress appropriates funds to the states, and says to them in effect:

"You can have this \$100,000,000 if you also will appropriate another \$100,000,000 and use it as certain federal officials in Washington tell you to use it; but it must be used strictly in accordance with instructions from Washington and under Washington supervision."

Of all these sinister measures, what is now widely spoken of colloquially as the Sheppard-Towner bribe, is the least excusable and most mischievous. It was once popular with certain people, but never at any time had the substantial support necessary for the sustained promotion of health progress. Most of its one-time advocates now speak of it apologetically, and since the President's definite stand has been so widely and generally endorsed, Sheppard-Towners are hard to find. Several states never have accepted the provisions of the "subsidy" law. The reasons for refusal to accept its provisions have been well summed up by Governor Baxter of Maine, who said in a much-quoted statement:

"I protest against the Sheppard-Towner bill: Because it is an unwarranted invasion by the federal government of the sovereign rights of the state of Maine; because it establishes in Washington a federal bureaucracy that is not likely to be in sympathy with the government of this state and the citizens thereof; because it *invades the privacy* of our homes; because it infers that the state of Maine cannot and will not properly care for those of its mothers and children who need assistance; because it pauperizes our state."

*Where Congress Gets the Money*—Financial agents of state after state are now pointing out the

fact the fifty-fifty "Federal Subsidy Funds," or "bribe funds," as many designate them, are obtained in the first instance from the taxpayers, and that *only a portion of the money collected* ever finds its way back to the state that collected it. California is among the states that suffer the greatest loss between the amount of taxes paid to the federal government and the fifty-fifty returns. This has been repeatedly published in the press of the state.

*The Operation of the Law*—Of course, it is the principle rather than the amount of money involved that is most widely condemned, but there are some interesting, some humorous and some pathetic incidents connected with the enforcement of these fifty-fifty laws—and particularly of the Sheppard-Towner one—which has proved to be the straw that broke the fifty-fifty camel's back.

### OBLIQUE ADVERTISING

This term needs no definition. It was the subject of serious discussion at the recent meeting of the British Medical Association in connection with the report of the Central Committee on Ethics. The report of the committee states that:

"During the past few years there have been brought to the attention of this committee certain journalistic developments which seem likely, if unchecked, seriously to undermine some of the most cherished traditions associated with medical practice, and to lower the reputation of the profession among the more thoughtful sections of the community."

Some abstracts of the various rulings of the association upon the various phases of oblique advertising are deserving of thoughtful consideration by all physicians:

Referring to the subtle and indirect method of giving publicity to certain medical practitioners through the public press, sometimes without and sometimes with the active consent of those referred to, the British Medical Association issued the following warning to their members:

"The practices by a member.

"(a) Of advertising, whether directly or indirectly, for the purpose of obtaining patients or promoting his own professional advantage; or, for any such purpose, or procuring or sanctioning or acquiescing in the publication of notices commending or directing attention to the practitioner's professional skill, knowledge, services, or qualifications, or depreciating those of others; or of being associated with or employed by those who procure or sanction such advertising or publication, and

"(b) Of canvassing or employing any agent or canvasser for the purpose of obtaining patients; or of sanctioning or being associated with or employed by those who sanction such employment; are in the opinion of the council contrary to the public interest and discreditable to the profession of medicine, and any member who resorts to any such practice renders himself liable on proof of facts to have his name erased from the Medical Register."

In discussing the whole question of oblique advertising and the action of the association, the *Lancet* says: "Examples of the newer methods are to be found in interviews granted to newspaper representatives, and in signed letters or articles sent to newspapers. In many of these, members of the profession, either by direct assertion of the journalists concerned, or by more indirect methods, are referred to as possessing, or allow it to be inferred from